

R430-90-24: INFANT AND TODDLER CARE

This section provides the rules and information about caring for children ages birth through 23 months. The rules apply to all infants and toddlers in care including the provider's and employees' own children.

A child who is younger than 12 months of age is considered an infant. On the child's first birthday and until their 2nd birthday, the child is considered a toddler.

If the provider cares for infants or toddlers:

- (1) **Each awake infant and toddler shall receive positive physical and verbal interaction with a caregiver at least once every 20 minutes.**

Rationale / Explanation

Hugging, holding, and cuddling infants and toddlers are expressions of wholesome love that should be encouraged for the child's healthy emotional development. Consistent and continuous talking with, listening to, and interacting with infants and toddlers impacts all areas of their development. *CFOC 3rd ed. Standard 2.1.2.1, 2.1.2.2. pp. 57-58.*

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (2) **To stimulate their healthy development, the provider shall ensure that infants receive daily interactions with adults; including on-the-ground interaction and closely supervised time spent in the prone position for infants younger than 6 months of age.**

Rationale / Explanation

Infants' and young children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and maintenance of healthy weight. Tummy time builds infants' physical strength and prepares them for scooting on their stomachs and crawling. *CFOC 3rd ed. Standard 3.1.2.1. pp. 90-91.*

In *Caring for Our Children*, it is recommended that caregivers follow these guidelines when providing tummy time for infants:

- Ensure that the infant is awake and alert.
- Place the infant on the floor or other low, solid surface.
- Play and interact with the infant during each tummy time session.
- Never leave the infant unattended.
- End tummy time if the infant shows signs of discomfort or fussiness.
- If the infant becomes drowsy or falls asleep, immediately place the infant on their back in the appropriate sleep equipment. *CFOC 3rd ed. Standard 3.1.3.1. pp. 90-91.*

Compliance Guidelines

- Each young infant must have a daily opportunity for tummy time. Although it is not required for the caregiver to be on their stomach during this activity, they must be close enough to interact with and actively supervise the infant.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (3) **Caregivers shall respond promptly to infants and toddlers who are in emotional distress due to conditions such as hunger, fatigue, a wet or soiled diaper, fear, teething, or illness.**

Rationale / Explanation

Responsive caregiving has been shown to be important for brain development in infants and toddlers. Research has shown that when young children's immediate needs are not met, they experience stress causing an increase of cortisol in their brains. Cortisol impairs brain function, and negatively impacts the child's metabolism and immune system. Children who have chronically high levels of cortisol have been shown to experience more cognitive, motor, and social developmental delays than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997); *CFOC 3rd ed. Standard 2.1.2.1. p. 57.*

Compliance Guidelines

- "Promptly" responding to infants and toddlers who are in emotional distress means responding immediately or as soon as possible if the caregiver is diapering, feeding, or administering first aid to another child. A caregiver who is unable to immediately respond to a child in distress (due to another child's immediate needs) should still reassure the distressed child by making eye contact and speaking to the child in a reassuring tone of voice.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (4) **For their healthy development, safe toys shall be available for infants and toddlers. There shall be enough toys accessible to each infant and toddler in the group to engage in play.**

Rationale / Explanation

Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first years of life. Opportunities to be an active learner are vitally important for the child's cognitive, physical, and social development. *CFOC 3rd ed. Standard 2.1.2.3. p. 58.*

From infancy, play provides important physical, mental, emotional, and social benefits in development. *NAEYC Developmentally Appropriate Practice p. 14 (2009).*

Compliance Guidelines

- There must be enough toys for each infant and toddler in the group to be engaged in play with at least one toy, even when some of the toys are removed to be cleaned.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(5) Mobile infants and toddlers shall have freedom of movement in a safe area.

Rationale / Explanation

Infants and toddlers need freedom to move so they can learn to crawl, stand, walk, and climb. They need the opportunity to develop their basic motor skills in an area free of hazards and with adequate space. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*

Compliance Guidelines

- “Freedom of movement” means that infants and toddlers are not restrained from moving, crawling, walking, roaming, and exploring in a developmentally appropriate way.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(6) An awake infant or toddler shall not be confined for more than 30 minutes in any piece of equipment, such as a swing, high chair, crib, playpen, or other similar piece of equipment.

Rationale / Explanation

Restrictive infant equipment such as swings, stationary activity centers, infant seats, playpens, and bouncers should only be used for short periods of time. Keeping an infant or toddler confined in a piece of equipment or a small gated-off area prevents them from necessary active movement and social interactions. *CFOC 3rd ed. Standard 5.3.1.10. pp. 242-243.*

Compliance Guidelines

- Being confined includes being in a gated-off play yard or similar area with a barrier for more than 30 minutes at a time unless there are at least 35 square feet of space per child.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

(7) Only one infant or toddler shall occupy any one piece of equipment at any time, unless the equipment has individual seats for more than one child.

Rationale / Explanation

The purpose of this rule is to prevent infants and toddlers from accidentally injuring one another.

Compliance Guidelines

This rule is not out of compliance when:

- A caregiver uses a crib to evacuate multiple children for an emergency drill or an actual emergency evacuation.
- More than one infant or toddler is in a wagon that is intended to hold more than one child.

This rule is out of compliance if:

- There is more than one infant or toddler in a crib or other sleep equipment unless they are twins and their parent or health professional has provided written instructions for them to share the sleep equipment at the same time.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(8) Infants and toddlers shall not have access to objects made of styrofoam.

Rationale / Explanation

Foam objects can break into pieces that can become choking hazards for young children.
CFOC 3rd ed. Standard 4.5.0.2 p. 178.

Styrofoam refers to expanded polystyrene foam that is typically white in color. This type of foam can be easily broken into pieces because it is made with circular individual beads of foam.

Compliance Guidelines

- Swimming noodles are not made of styrofoam and do not need to be inaccessible to the children.
- Styrofoam inside a bike helmet is only a hazard when it is deteriorated to the point that it is crumbly and/or cracked.
- Infants and toddlers may use styrofoam objects only when they are involved in a carefully supervised activity. This means a caregiver is within arm's reach of the children, providing constant, active supervision, and does not leave until the materials are made inaccessible.

Examples of styrofoam products that must be inaccessible to infants and toddlers include:

- Packing peanuts and other similar packing materials.
- Food and drink holders such as picnic cups and plates.
- Egg cartons (if made of styrofoam).
- Some materials used in arts and crafts such as styrofoam cones and blocks.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

(9) Each infant and toddler shall be allowed to eat and sleep on their own schedule

Rationale / Explanation

Feeding infants on demand meets their nutritional and emotional needs. Children's ability to develop trust can be impaired when their basic physical needs are not met in a timely manner.
CFOC 3rd ed. Standard 4.3.1.2 pp. 164-165.

For infants and toddlers, favorable conditions for sleep and rest include being dry, well fed, and comfortable. Infants may need one or two (or sometimes more naps) during the time they are in child care. Studies suggest that sleep is essential for optimal health and growth for infants and young children. *CFOC 3rd ed. Standard 3.1.4.4 pp. 100-101.*

When children are under stress because their immediate physical needs are not met, the cortisol in their bodies increases. Children who have chronically high levels of cortisol have been shown to experience more developmental delays than other children. *Rethinking the Brain: New Insights into Early Development* by Rima Shore (NY: Families and Work Institute, 1997)

Compliance Guidelines

- Older toddlers may begin to be eased into group schedules for eating and napping. However,

any toddler who is tired must be allowed to rest and any toddler who is hungry must be given something to eat.

Moderate Risk Rule Violation **Corrective Action for 1st Instance**

Citation Warning

- (10) **Baby food, formula, or breast milk that is brought from home for an individual child's use shall be:**
- (a) labeled with the child's name;**
 - (b) kept refrigerated if needed; and**
 - (c) discarded within 24 hours of preparation or opening, except for unprepared powdered formula or dry food.**

Rationale / Explanation

Labeling food and drink with the child's name ensures that the child is not accidentally fed the wrong food that could cause an unhealthy reaction due to such causes as an allergy or inability to digest a certain food. *CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.*

Keeping baby food, formula, and breast milk refrigerated, if needed, and discarding the food within 24 hours of preparation ensures that a child does not become ill from eating spoiled food. *CFOC 3rd ed. Standards 4.3.1.3.-4.3.1.5. pp. 165-174.*

Compliance Guidelines

Labeled with the child's name

- If a caregiver prepares a bottle and immediately feeds it to a child, the bottle does not have to be labeled. However, if any formula or breast milk remains in the bottle and is not immediately discarded, the bottle has to be labeled with the child's name, date, and time of preparation.
- Breast milk for a caregiver's own child does not need to be labeled with the time of preparation.

Kept refrigerated if needed

- For information about storing homemade and commercial baby food and formula, refer to:
 - www.foodsafety.gov/blog/homemade_babyfood.html.
 - Instructions on baby food and formula packaging.
 - www.foodsafety.gov/keep/types/babyfood/index.html.
- For information about storing breast milk, refer to:
 - www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/breast-milk-storage/art-20046350.

Discarded within 24 hours of preparation or opening

- This rule does not apply to containers (pint, quart, half gallon, or gallon) of milk that are purchased from the store nor to solid adult food.
- Preparation of food includes mixing a powder with a liquid, opening a jar of food, or removing frozen breast milk from the freezer to thaw.
- Breast milk that is frozen immediately after collection is not considered "prepared" or "opened" until it is moved to the refrigerator to thaw. It must be discarded within 24 hours after it has completely thawed.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (11) If an infant is unable to sit upright and hold their own bottle, a caregiver shall hold the infant during bottle feeding. Bottles shall not be propped.**

Rationale / Explanation

Propping bottles can cause choking and aspirating, and may contribute to long-term health issues including ear infections, orthodontic problems including tooth decay, speech disorders, and psychological problems. *CFOC 3rd ed. Standard 4.3.1.8. pp. 170-171.*

Compliance Guidelines

- As long as the caregiver holds the infant while bottle feeding, a device to hold the bottle (such as a Beebo) may be used.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (12) The caregiver shall swirl and test warm bottles for temperature before feeding to children.**

Rationale / Explanation

The American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) recommend that if infant bottles are to be warmed, they should be placed under warm running tap water or placed in a container of water that is no warmer than 120 degrees for no longer than 5 minutes. Bottles of formula or milk that are warmed at room temperature or in warm water for too long provide an ideal medium for bacteria to grow and overheating may reduce the milk's nutritional value. Microwaves should not be used to warm bottles. *CFOC 3rd ed. Standard 4.3.1.9. pp. 171-172.*

Gently swirling a warmed bottle before bottle feeding prevents burns from "hot spots" in the heated liquid. Gentle swirling is important, because excessive shaking of human milk may damage the nutrient quality of the milk that is valuable to infants. Excessive shaking of formula may cause foaming, which increases the likelihood of feeding air to infants.

Compliance Guidelines

- When mixing powdered formula with water, it is not out of compliance to shake the bottle.

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning

- (13) Formula and milk, including breast milk, shall be discarded after feeding or within 2 hours of starting a feeding.**

Rationale / Explanation

The purpose of this rule is to prevent children from drinking spoiled milk or formula, and to prevent the spread of disease. Within a short period of time, bacteria introduced by the child's saliva can make the formula or milk unsuitable and unsafe for consumption. *CFOC 3rd ed. Standard 4.3.1.3. pp. 165-166; Standard 4.3.1.5. pp. 167-168; Standard 4.3.1.8. pp. 170-171.*

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (14) Caregivers shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter, and shall cut solid foods for toddlers into pieces no larger than 1/2 inch in diameter.**

Rationale / Explanation

These guidelines are recommended by the AAP and the APHA to prevent choking in infants and toddlers. Almost 90% of fatal choking occurs in children younger than four years of age, and food is the most common cause. On average, a child will die every 5 days in the United States from choking on food. Infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. Therefore, food needs to be made safe by cutting it to appropriate size. *CFOC 3rd ed. Standard 4.5.0.10. pp. 181-182.*

High-risk foods are those most often implicated in choking incidents. Food that is round, hard, small, thick and sticky, smooth, compressible or dense, or slippery is considered high risk and should not be offered to young children. These foods include:

- Hard, gooey, or sticky candy including gum.
- Nuts and seeds including peanuts.
- Popcorn.
- Spoonfuls of peanut butter. *CFOC 3rd ed. Standard 4.5.0.10. pp. 181-182.*

Compliance Guidelines

Food that does not quickly dissolve or crumble in the mouth without chewing needs to be cut into small pieces. Examples of solid foods that must be cut include:

- Cheese (except shredded).
- Fruit including bananas, grapes, and other fruit chunks.
- Marshmallows.
- Meat including hot dogs, meat chunks, and meatballs.
- Vegetables including carrots, beans, other vegetable chunks, and tater tots.

Moderate Risk Rule Violation
Corrective Action for 1st Instance
Citation Warning

- (15) Infants shall sleep in equipment designed for sleep such as a crib, bassinet, porta-crib or playpen. An infant shall not be placed to sleep on a mat, cot, pillow, bouncer, swing, car seat, or other similar piece of equipment unless the provider has written permission from the infant's parent.**

Rationale / Explanation

Injuries, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant's blood. Sleeping should occur in equipment specifically manufactured for this activity. *CFOC 3rd ed. Standard 2.2.0.2. p.66.*

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC safety guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting

mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. *Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. pp. 509-512.*

Compliance Guidelines

- Cribs, bassinets, cradles, porta-cribs, playpens, and play yards are approved to sleep infants as long as they meet sleep equipment rules in "Section 22: Rest and Sleep."
- A crib is defined as a child's bed that has sides for protection from falling.
- The following equipment is not approved to sleep infants:
 - A mat, cot, pillow, bouncer, swing, or car seat
 - Any size bed
 - A crib that has been converted into a toddler bed
 - A couch or chair even if the caregiver is sitting next to the infant
 - A Boppy pillow even if it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard (Improper use of this product could result in serious injury or death.)
 - A bassinet or cradle if the infant is able to push up on hands and knees, pull up, or sit unassisted
 - Loungers and co-sleepers
- Parent's written permission can be in paper or electronic format.
- Before a caregiver sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain written documentation from the manufacturer stating that the equipment is approved for sleeping infants. The documentation must be available for review by licensing staff.
- Infants may not sleep on blankets inside on the floor or on the ground in the outdoor area. Caregivers may take approved equipment outside to use for sleeping the infant.
- It is not a rule violation if an infant is asleep in a car seat when arriving at the facility, and a caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a rule violation if more than 5 minutes elapse before the infant is moved.
- It is not a rule violation if an infant falls asleep in a piece of equipment not designed for sleeping, and a caregiver immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a rule violation if more than 5 minutes elapse before the infant is moved.
- A caregiver may hold an infant while the infant sleeps.
- Wearing a sleeping infant by using a sling or wrap is acceptable and there is no need to move the infant to a different sleep equipment.

High Risk Rule Violation

Corrective Action for 1st Instance

Citation and CMP Warning

- (16) Infants shall be placed on their backs for sleeping unless there is documentation from a health care provider requiring a different sleep position.**

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). *CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.*

For more information about safe sleep practices for infants, visit:

www.nichd.nih.gov/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf.

High Risk Rule Violation
Corrective Action for 1st Instance
Citation and CMP Warning

- (17) **Soft toys, loose blankets, or other objects shall not be placed in cribs while in use by sleeping infants.**

Rationale / Explanation

Safe Sleep Environment

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as SIDS, while others are from other sleep-related causes of infant death. Creating a safe sleep environment by keeping the following items out of an infant's sleep area reduces the risk of SIDS, suffocation, entrapment, and strangulation:

- Toys and objects such as stuffed animals
 - Soft or loose bedding such as blankets, pillows, quilts, comforters, flat sheets, sheep skins
 - Other soft objects such as bumper pads, sleep positioning devices, cloth diapers, bibs, etc.
- National Institute of Child Health and Human Development, NIH Pub No 17-HD-7642, June 2017.*

Blankets

The use of blankets is not advisable in a crib or hung on the crib side. Placing personal items in cribs with infants and covering or wrapping infants with blankets may help adults believe that the child is more comfortable, but these practices are not the safest for infants in child care. Sleep clothing, such as one-piece sleepers, sleep sacks, and wearable blankets, and ensuring that the temperature in the room is comfortable for a lightly-clothed adult are good alternatives to blankets. *CFOC 3rd ed. Standard 3.1.4.1. pp. 96-99.*

Adults sometimes find it difficult to place an infant to sleep without a blanket. If a blanket is used, it should not be loose and the "Feet to Foot Rule" should be followed. This involves placing the child's feet at the foot of the crib, and tucking a light blanket along the sides and under the foot of the crib. The blanket is placed only up to the infant's chest with their arms outside of the blanket. *CFOC 3rd ed. Standard 3.1.4.1. p. 98.*

Swaddling

Hospital personnel may recommend that newborns be swaddled in the hospital setting. However, in a child care setting it is not necessary or recommended. The risk of SIDS is increased if an infant is swaddled and rolls over from back to stomach. Also, with swaddling there is increased risk of developmental dislocation of the hip that can result in long-term disability. Additionally, with excessive swaddling, infants may overheat which is another risk factor for SIDS. *CFOC 3rd ed. Standard 3.1.4.1. p. 98; Standard 3.1.4.2. p.99.*

For more information about safe sleep practices, visit the American Academy of Pediatrics website at: www.aap.org and the National Institutes of Health at: safetosleep.nichd.nih.gov.

Compliance Guidelines

- This rule only applies to infants who are asleep.
- Objects that are possible hazards for a sleeping infant must not be in or on sleep equipment or within 36 inches of the sleep equipment while the infant is asleep. This includes objects that may increase risk of SIDS, or cause entrapment, strangulation, suffocation, or choking. Examples of prohibited objects include but are not limited to:

- Soft and hard toys
- Crib bumpers or bumper pads (regardless of their type)
- Baby gyms
- Mobiles
- Pacifiers with attached ribbons, toys, and/or other objects
- Bedding and other fabric products that are loose, including blankets, pillows, sheets, comforters, cloth diapers, clothing, etc.
- A blanket or similar item is considered loose if it is not on the infant's body, is around the neck or head of the infant, or is loose anywhere in or on the crib.
- It is recommended that instead of covering a sleeping infant:
 - The room where the infant sleeps is kept at a safe and comfortable temperature.
 - For needed warmth, the infant is placed in sleep clothing such as a sleepsack, a swaddler, pajamas, etc. All sleep attire should fit properly and never cover the infant's neck or face.

The following exceptions to this rule are allowed under certain conditions:

- A blanket may be used in the sleep equipment while an infant is sleeping as long as it is on the infant's body, is not around the infant's head or neck, and is not loose anywhere else in or on the crib.
- If an infant needs a comfort item to help them go to sleep, it is not a rule violation if the item is removed as soon as the infant falls asleep.
- An infant's pacifier is allowed to remain with a sleeping infant on condition that there are no loose parts or tears on the pacifier and any objects attached to the pacifier (e.g. ribbons, toys) are removed before use or as soon as the infant falls asleep. A pacifier cord that is less than 8 inches long does not have to be removed.
- Although two cribs may be within 36 inches of each other, each crib will be assessed for any loose bedding that may be in or on it, and not for loose bedding in the adjacent crib.
- If a blanket is used to cover a crib mattress and it is securely tucked in, it is not considered to be loose.
- If fabric (other than a blanket or bumper) is securely attached to the top of a crib rail to prevent children from chewing on the rail, it is not a rule violation.
- An item may be attached in the crib as long as it is not on the sleeping surface, with the exception of mobiles which cannot be within 36" of the sleeping surface.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning